4 CCT 19 2005 13:29 FR

### PATENT APPLICATION

### DECLARATION AND POWER OF ATTORNEY

ORNEY DOCKET NO. M1103.70096US00

MS DOCKET NO. 171868.01

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SYSTEM AND METHOD FOR PROVIDING AGENT-FREE AND NO-PACKET OVERHEAD MOBILITY SUPPORT WITH TRANSPARENT SESSION CONTINUITY FOR MOBILE DEVICES the specification of which is filed herewith unless the following box is checked:

(X) was filed on October 9, 2001 as US Application Serial No. 09/973,341.

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

# Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C.
			YES:NO:
			YES:NO:

#### POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) associated with

### Customer No. 45840

to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to:

Direct Telephone Calls To:

Contact Name: Randy J. Pritzker

Firm Name: Wolf, Greenfield & Sacks, P.C.

Firm Address: 600 Atlantic Avenue

City, State and Zip: Boston, MA 02210

Contact Name: Randy J. Pritzker Contact Phone Number: 617-646-8247

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ATTORNEY DOCKET NO.	DECLARATION AND POWER OF ATTORNEY		
		MS DOCKET NO.	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Pradeep Bahl Citizenship: United States	
Residence: 21502 NE 84th Street, Redmond, Washington 98053	
Post Office Address: Same As Above  Inventor's Signature  Date	
Full Name of Inventor: Nelamangala Krishanaswamy Srinivas Citizenship: United States	
Residence: 26735 SE 9th Way, Sammamish, Washington 98075	
Post Office Address: Same as Above	
Inventor's Signature Date	

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DEC 1-5 2005

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City, State and Zip: Boston, MA 02210

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Page 1 of 2

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ATTORNEY DOCKET NO.	MS DOCKET NO.	

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Full Name of Inventor: Pradeep Bahl  Residence: 21502 NE 84th Street, Redmond, Washington 98053	Citizenship: United States
Post Office Address: Same As Above	
Inventor's Signature	Date
Full Name of Inventor: Nelamangala Krishanaswamy Srinivas	Citizenship: United States
Residence: 26735 SE 9th Way, Sammamish, Washington 98075	
Post Office Address: Same as Above	10/19/05
Inventor's Signature	Date

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